



STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
21 GRAND STREET HARTFORD, CT 06106-1500
Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.ct.gov/trb

HEALTH INSURANCE FREQUENTLY ASKED QUESTIONS

SUBSIDIZED LOCAL SCHOOL DISTRICT COVERAGE

When I retire, where do I obtain my health insurance coverage?

If you are not participating in Medicare Part A (Hospital Insurance), you may elect to continue your health insurance with your last employing school district.

Can my spouse also participate in this plan?

Yes. If your spouse is not participating in Medicare Part A, he/she may also continue coverage through your former employer's plan.

Is my former employer required to offer health insurance coverage to me and/or my spouse if we do not have Medicare Part A?

Yes. As long as either you and/or your spouse are not participating in Medicare Part A, state law requires that they make coverage available to you and/or your spouse.

Is there a cost to me and/or my spouse if I remain with my former school district's health insurance plan?

Your former school district is not obligated to pay for the cost of your health insurance unless required to do so by a collective bargaining agreement or other arrangement. Unless this is the case, you and/or your spouse must pay for the cost of health insurance.

What amount must I pay for my health insurance coverage through my former employer?

Your employer must charge you the same premium that is assessed by the insurance company for the type of coverage you are receiving. For self-insured plans, your employer must charge you the budgetary premium rate for the form of coverage you are receiving. The cost for health insurance varies from district to district depending on the type of coverage offered. You should contact your payroll or personnel department to find out the cost of health insurance coverage that you are eligible to receive.

If I decide not to stay with my former employer's health insurance plan when I retire can I join again at some later date?

Yes. As long as you and/or your spouse are not participating in Medicare Part A, you and/or your spouse may re-enroll in the plan.

If my former employer offers dental coverage, prescription drugs, or eyeglass coverage am I entitled to these benefits?

Yes. If these types of coverage are available to active members, you have the same rights to receive these benefits.

If I remain with my former employer for my health insurance, will the Retirement System pay a subsidy payment to my former employer?

Yes. CTRB will issue a subsidy payment on your behalf to your former employer to offset the cost of your health insurance coverage with them. The current subsidy payment is up to \$110.00 monthly for individual coverage and up to \$220.00 monthly for member and spouse.

My former employer pays for part of my health insurance cost and I pay the remaining portion. How will the subsidy payment work in this situation?

The subsidy must first be used toward the cost of your health insurance coverage. If any balance remains from the subsidy payment, it may be used by the board of education to offset their cost.

My former employer pays all or part of my health insurance cost but none of the cost for my spouse's insurance coverage. How will the subsidy payment be distributed?

The subsidy payment received for your coverage must be used by the school district to offset the cost of your coverage. The subsidy payment payable for your spouse may not exceed \$110.00 and should be applied towards his/her health insurance.

My spouse is still working and I have my regular health insurance through her health insurance plan. I wish to obtain dental coverage (only) with my former employer. Am I eligible to join their dental plan and will CTRB issue a subsidy payment for this form of coverage?

Yes. Unless otherwise provided in your local school district's plan, you are eligible for dental coverage from your former employer and entitled to a subsidy for the dental coverage not to exceed the cost of the dental coverage or the subsidy amount, whichever is less.

I'm retired but my spouse is still working as a teacher for a local school district. I am covered under her plan by the local school district. Is my coverage or her coverage eligible for the subsidy payment?

No. If you are covered under a plan that originates from an active teacher member's coverage, neither you, your spouse, nor the school district are eligible for the subsidy payment.

My spouse and I are both retired teachers. Can we get a "double subsidy" both as a retired teacher and as the spouse of a retired teacher?

No. If you each have your own plan or are covered under a single plan, the maximum subsidy payable per individual is \$110.00 monthly.

Am I eligible for a subsidy payment if I am not participating in my former employer's health insurance plan?

No. If you have coverage from a private source or from another group plan other than a Connecticut public school district, a subsidy is not payable on your behalf.

When I die, is my spouse still eligible for health insurance coverage through my former employer?

Yes. As a surviving spouse not participating in Medicare Part A, he/she may continue coverage and continue to receive the subsidy as long as he/she does not remarry. This is applicable regardless of whether or not your spouse is receiving a monthly beneficiary payment from this system.

I am not eligible for Social Security Benefits or Medicare Part A. What do I do for health insurance when I reach age 65?

If you will not have Medicare Part A, you may continue your health insurance with your last employer.

CTRB SPONSORED MEDICARE SUPPLEMENTAL PLANS

When I reach age 65, I will participate in Medicare Part A. Can I stay with my former employer's plan?

Your former employer is not required by law to offer coverage to a member and/or spouse participating in Medicare Part A. If your former employer offers you a Supplemental Plan, you may elect to stay with them and the subsidy payment will continue, provided you do not enroll in any other CTRB sponsored plan.

When I reach age 65, I will participate in Medicare Part A. What are my options through CTRB?

The following plans are currently available: 1) Medicare Supplement with Prescriptions or 2) Medicare Supplement with Prescriptions and Dental Coverage or 3) Medicare Supplement with Prescriptions and Dental, Vision & Hearing Coverage.

If I participate in Medicare Part A but do not enroll in Medicare Part B what coverage will be provided under the CTRB Sponsored Medicare Supplement with Prescriptions Plan?

If you do not enroll in Medicare Part B, your CTRB Sponsored Medicare Supplement with Prescriptions Plan will include coverage outlined in the [*Health & Prescription Drug Benefits Plan Summary*](#) under Section A (Basic Hospital Benefits) and Section D (Pharmacy and Mail Service Prescription Drug Benefits) only. Coverage will not be provided under Section B (Basic Medical Benefits) or Section C (Major Medical Benefits).

If you do not enroll in Medicare Part B when you become eligible, you may enroll in Medicare Part B at a later date. Please note the following Medicare rules: 1) You will be subject to a life time penalty of 10% of the premium for every year that you were not enrolled and 2) You may only enroll during Medicare open enrollment periods (January through March) for coverage to become effective July 1. Promptly notify CTRB of any change in your Medicare coverage being sure to include a copy of your Medicare card with your correspondence.

How do I pay the premium for the CTRB sponsored plan coverage?

Monthly premiums for coverage for member and/or spouse must be deducted from the monthly benefit payment. In the event that upon a member's death, a surviving spouse does not receive monthly benefit payments, CTRB will deduct the monthly premiums for coverage directly out of the surviving spouse's checking account.

How do I enroll in a CTRB sponsored plan?

Obtain a Medicare Supplemental Health Insurance Information Packet and a Health & Prescription Drug Benefits Plan Summary from this office. All coverage takes effect on the 1st day of the month. Enrollment forms must be received by the 25th day of the second month preceding the effective date of coverage. For example, for coverage to become effective as of December 1st, your form must be received by CTRB no later than October 25th. The appropriate premium will be deducted from the benefit payment dated November 30th. If you are a new retiree or the spouse of a new retiree, contact this office for a determination of the earliest enrollment effective date available.

How often can I make changes?

Once you enroll in a plan, you may not make any changes until the next open enrollment period. You may cancel at any time provided you notify CTRB in writing by the 25th day of the second month preceding the effective date of termination of coverage. For example, to terminate coverage effective as of May 1st, your notice must be received by CTRB no later than March 25th. The premium payment will be cancelled on the benefit payment dated April 30th.

When is the next open enrollment period?

The next open enrollment period will be held in the Fall of 2004. In October of 2004, you will have the opportunity to re-enroll or change your form of coverage to be effective January 1, 2005.

When I die, is my spouse eligible for health insurance coverage through CTRB?

A surviving spouse who is participating in Medicare Part A may participate in a CTRB sponsored plan as long as he/she does not remarry. This is applicable regardless of whether or not your spouse is receiving a monthly beneficiary payment from this system.

For further information:**⇒ Enrollment, Health & Prescription Drug Benefits Plan Summary**

Connecticut State Teachers' Retirement Board
21 Grand Street
Hartford, Connecticut 06106-1500
(800) 504-1102 ext. 8414 or (860) 241-8414
www.ct.gov/trb

⇒ Hospital, Medical Claims Administrator

Stirling & Stirling, Inc.
20 Armory Lane
Milford, Connecticut 06460-3361
(800) 447-6689
www.stirlingbenefits.com

⇒ Prescription Drug Services

Medco Health Solutions, Inc.
100 Parsons Pond Drive
Franklin Lakes, NJ 07417-2603
(800) 711-0917
www.medcohealth.com

⇒ Dental Claims Administrator

Delta Dental Plan of New Jersey
1639 Route 10 (P.O. Box 222)
Parsippany, NJ 07054-0222
(800) 452-9310
www.deltadentalnj.com